

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name NIDHEESH NARAYANAN MAPPATIL	Social security number 011-45-5783
Spouse's name ASHA KOLAPPAN SARATHA	Spouse's social security number 957-96-4699

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	22,390.
2 Total tax	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,341.
4 Amount you want refunded to you	4	4,941.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	5	7	8	3
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

6	4	6	9	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial NIDHEESH NARAYANAN Last name MAPPATIL Your social security number 011 45 5783

If joint return, spouse's first name and middle initial ASHA Last name KOLAPPAN SARATHA Spouse's social security number 957 96 4699

Home address (number and street). If you have a P.O. box, see instructions. 111 MARQUETTE AVE S Apt. no. 2510 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. MINNEAPOLIS MN ZIP code 55401 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: ADHULYA, MAPPATIL, 881-01-2940, Daughter, [X], []

Income table with 2 columns: Description, Amount. Rows 1a-1z. Total amount from Form(s) W-2, box 1: 22,390. Total income: 22,390.

Table with 4 columns: Description, 2a, 3a, 4a, 5a, 6a, b Taxable interest, b Ordinary dividends, b Taxable amount, b Taxable amount. Rows 2a-6a.

Table with 2 columns: Description, Amount. Rows 7-15. Total income: 22,390. Adjustments to income from Schedule 1, line 26. Standard deduction or itemized deductions (from Schedule A): 27,700. Taxable income: 0.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section with fields for name, signature, date, PTIN, and address.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

N MAPPATIL & A KOLAPPAN SARATHA

011-45-5783

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	22,390.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	22,390.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	0.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	0.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	2,000.	
b	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	1,600.	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	1,600.	
18a	Earned income (see instructions)	18a	22,390.	
b	Nontaxable combat pay (see instructions)	18b		
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	19,890.	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	2,984.	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23	Add lines 21 and 22	23		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-	25		
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26		

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	1,600.
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Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return N MAPPATIL & A KOLAPPAN SARATHA	Taxpayer identification number 011-45-5783
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



2023 Form M1, Individual Income Tax

Do not use staples on anything you submit.

NIDHEESH NARAYANAN MAPPATIL 011455783 06131987
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)
 ASHA KOLAPPAN SARATHA 957964699 07151987
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth
 111 MARQUETTE AVE S APT #2510
 Current Home Address Check if Address is: New Foreign
 MINNEAPOLIS MN 55401
 City State ZIP Code

2023 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Surviving Spouse
 Spouse Name _____
 Spouse SSN _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican 11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now 17
 Democratic/Farmer-Labor . . . 12 Libertarian 16 General Campaign Fund 99

Your Code Spouse's Code

From Your Federal Return (see instructions)

22390	0	0	-5310
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	22390
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	
3	Add lines 1 and 2.	3	22390
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	27650
5	Exemptions (from Schedule M1DQC)	5	4800
6	State income tax refund from line 1 of federal Schedule 1	6	
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7	
8	Total subtractions. Add lines 4 through 7.	8	32450
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	
10	Tax from the table or schedules in the Form M1 instructions	10	
11	Alternative minimum tax (enclose Schedule M1MT)	11	
12	Add lines 10 and 11	12	
13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	
	13a ■ _____ 13b ■ _____		






14 Other taxes, such as recapture amounts and the tax on lump-sum distributions *(check appropriate boxes)*
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____

16 Amount from line 21 of Schedule M1C, *Nonrefundable Credits (enclose Schedule M1C)*. 16 ■ _____

17 Subtract line 16 from line 15 *(if result is zero or less, leave blank)* 17 _____

18 Nongame Wildlife Fund contribution *(see instructions)*
 This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
 Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF 20 ■ _____ 1216

21 Minnesota estimated tax and extension payments made for 2023 21 ■ _____

22 Amount from line 11 of Schedule M1REF, *Refundable Credits (see instructions; enclose Schedule M1REF)* 22 ■ _____ 2100

23 Total payments. Add lines 20 through 22 23 _____ 3316

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 *(see instructions)*.
 For direct deposit, complete line 25 24 ■ _____ 3316

25 Direct deposit of your refund *(you must use an account not associated with a foreign bank):*
 Checking Savings 091000019 1675122855
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 *(see instructions)* 26 ■ _____

27 Penalty amount from Schedule M15 *(see instructions)*. Also subtract
 this amount from line 24 or add it to line 26 *(enclose Schedule M15)* 27 ■ _____

28 Penalty and interest *(see instructions)* 28 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.

29 Amount from line 24 you want sent to you 29 ■ _____

30 Amount from line 24 you want applied to your 2024 estimated tax 30 ■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

 Your Signature
 7633814333
 Daytime Phone
 SYAM PRIYA RAM SAGAR GUPTA TALLAM
 Paid Preparer's Signature
 6789659522
 Preparer's Daytime Phone

 Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY)
 NIDHEESHNMAPPATIL@GMAIL.COM
 Email Address
 01252024 P02082703
 Date (MM/DD/YYYY) PTIN or VITA/TCE # (required)
 syam@gtaxfile.com
 Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules.
 Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010



2023 Schedule M1REF, Refundable Credits

NIDHEESH NARAYANAN
Your First Name and Initial

MAPPATIL
Last Name

011455783
Social Security Number

- 1 Child and Dependent Care Credit (*enclose Schedule M1CD*) **1** ■ _____
 Enter number of qualifying persons **1a** _____
- 2 Child and Working Family Credits (*enclose Schedule M1CWFC*) **2** ■ 2100
 Enter number of qualifying children for the Child Tax Credit **2a** 1
 Enter number of qualifying older children **2b** _____
- 3 K-12 Education Credit (*enclose Schedule M1ED*) **3** ■ _____
 Enter number of qualifying children **3a** _____
- 4 Credit for Parents of Stillborn Children (*enclose Schedule M1PSC*) **4** ■ _____
- 5 Refundable credit for taxes paid to Wisconsin (*enclose Schedule M1RCR*) **5** ■ _____
- 6 Credit for Historic Structure Rehabilitation (*enclose certificate*) **6** ■ _____
 Enter National Park Service (NPS) project number **6a** _____
- 7 Enterprise Zone Credit (*enclose DEED certificate*) **7** ■ _____
- 8 Angel Investment Credit **8** ■ _____
- 9 Pass-Through Entity Tax Credit (*see instructions*) **9** ■ _____
 Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.
 If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .
 MN Tax ID Number: _____ Credit Amount: _____
 MN Tax ID Number: _____ Credit Amount: _____
 MN Tax ID Number: _____ Credit Amount: _____
- 10 Claim of right (*see instructions*) **10** ■ _____
- 11 Add lines 1 through 10. Enter the result here and on line 22 of Form M1 **11** 2100

You must include this schedule with your Form M1.



2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

NIDHEESH NARAYANAN <small>Your First Name and Initial</small>	MAPPATIL <small>Last Name</small>	011455783 <small>Your Social Security Number</small>
ASHA <small>If a Joint Return, Spouse's First Name and Initial</small>	KOLAPPAN SARATHA <small>Spouse's Last Name</small>	957964699 <small>Spouse's Social Security Number</small>

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A <small>If the Form W-2 is for:</small>	B—Box 13 <small>If Retirement Plan box is checked, mark an X below.</small>	C—Box 15 <small>Employer's seven-digit Minnesota Tax ID Number</small>	D—Box 16 <small>State wages, tips, etc. <i>(round to nearest whole dollar)</i></small>	E—Box 17 <small>Minnesota tax withheld <i>(round to nearest whole dollar)</i></small>
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>2835427</u>	d1 <u>22390</u>	e1 <u>1216</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 1216

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A <small>If the Form 1099, W-2G, or 1042-S is for:</small>	B <small>Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)</small>	C <small>Income amount (see the table on the back for amounts to include)</small>	D <small>Minnesota tax withheld <i>(round to nearest whole dollar)</i></small>
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 1216**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2023 Schedule M1CWFC, Minnesota Child and Working Family Credits

To claim this credit, you must be a full- or part-year resident of Minnesota. If you are a full-year nonresident, you are not eligible for this credit. Do not complete Schedule M1CWFC if you have a 2-year or 10-year IRS ban or are otherwise restricted from claiming the federal EIC.

NIDHEESH NARAYANAN
Your First Name and Initial

MAPPATIL
Last Name

011455783
Your Social Security Number

Round amounts to the nearest whole dollar.

- 1 Enter the amount from line 1 of Form M1. 1 ■ 22390
- 2 Enter your total earned income (see instructions) 2 ■ 22390
- 3 If line 2 is greater than \$8,750, enter \$8,750. Otherwise enter the amount from line 2. 3 ■ 8750
- 4 Multiply line 3 by 4% (.04). 4 ■ 350
- 5 Credit for Qualifying Older Children: If you have: 5 ■ _____
 - One qualifying older child, enter \$925
 - Two qualifying older children, enter \$2,100
 - Three or more qualifying older children, enter \$2,500
- 6 Add lines 4 and 5 6 ■ 350
- 7 Number of qualifying children (see instructions) 7 ■ 1
- 8 Multiply line 7 by \$1,750. 8 ■ 1750
- 9 Add lines 6 and 8 9 ■ 2100
- 10 Enter the greater of line 1 or 2 10 ■ 22390
- 11 Enter \$35,000 if married filing jointly or \$29,500 for any other filing status 11 ■ 35000
- 12 If line 10 is less than line 11, see instructions. Otherwise, subtract line 11 from line 10. 12 ■ _____
- 13 If you had an amount on line 5 but not on line 8, enter 9%(.09). Otherwise enter 12%(0.12). 13 ■ _____
- 14 Multiply line 12 by line 13. 14 ■ _____
- 15 Subtract line 14 from line 9. If less than zero, enter 0. If you are a full year resident, enter this amount on line 2 of Schedule M1REF. 15 ■ 2100
- 16 Part year residents: If your Minnesota gross income is: 16 ■ _____
 - \$13,825 or more, multiply line 15 by line 30 of Schedule M1NR. Enter the result here and on line 2 of Schedule M1REF
 - Less than \$13,825, see instructions
 Enter the result from step 5 of the Worksheet for line 16: _____

Include this schedule with your Form M1. Enter the number of qualifying children on line 2a and the number of qualifying older children on line 2b of Schedule M1REF.





2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

NIDHEESH NARAYANAN
Your First Name and Initial

MAPPATIL
Last Name

011455783
Social Security Number

	A — Child 1	B — Child 2	C — Child 3
First name and middle initial	a1 <u>ADHULYA</u>	b1 _____	c1 _____
Last name	a2 <u>MAPPATIL</u>	b2 _____	c2 _____
Social Security Number or Individual Taxpayer Identification Number	a3 <u>881012940</u>	b3 _____	c3 _____
Date of Birth	a4 <u>10062017</u>	b4 _____	c4 _____
Relationship to you	a5 <u>Daughter</u>	b5 _____	c5 _____
Check the box if you are claiming them as a dependent	a6 <input checked="" type="checkbox"/>	b6 <input type="checkbox"/>	c6 <input type="checkbox"/>
Number of months they lived with you	a7 <u>12</u>	b7 _____	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student	a8 <input type="checkbox"/>	b8 <input type="checkbox"/>	c8 <input type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2023	a9 <input type="checkbox"/>	b9 <input type="checkbox"/>	c9 <input type="checkbox"/>
Check the box if they are a qualifying child	a10 <input checked="" type="checkbox"/>	b10 <input type="checkbox"/>	c10 <input type="checkbox"/>
Check the box if they are a qualifying older child	a11 <input type="checkbox"/>	b11 <input type="checkbox"/>	c11 <input type="checkbox"/>

